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FIRST NAMED INVENTOR

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7590

12/01/2005

IP Department Alexza Molecular Delivery Corporation 1001 East Meadow Circle Palo Alto, CA 94303

03/07/2006 FMETEKI2 00000104 10768293

APPLICATION NO.

01 FC:2501 02 FC:1504 700.00 OP

FILING DATE

300.00 DP

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nica Douces (Date) ATTORNEY DOCKET NO. CONFIRMATION NO.

6393

Joshua D. Rabinowitz 00035.09CON 10/768,293 01/29/2004 TITLE OF INVENTION: DELIVERY OF ANTIHISTAMINES THROUGH AN INHALATION ROUTE

TOTAL FEE(S) DUE DATE DUE **PUBLICATION FEE** SMALL ENTITY ISSUE FEE APPLN. TYPE 03/01/2006 \$1000 YES \$700 \$300 nonprovisional ART UNIT CLASS-SUBCLASS EXAMINER HAGHIGHATIAN, MINA 1616 424-045000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list I Swanson & Bratschun LLC (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. 2 William L. Leschensky (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE Alexza Pharmaceuticals, Inc. Palo Alto, CA

Please check the appropriate assignce category or categories (will not be printed on the patent): 🔲 Individual 🖫 Corporation or other private group entity 🚨 Government 4b. Payment of Fee(s): 4a. The following fcc(s) are enclosed: A check in the amount of the fee(s) is enclosed. KIssue Fee Payment by credit card. Form PTO-2038 is attached. Publication Fee (No small entity discount permitted) The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-5117 (enclose an extra copy of this form). Advance Order - # of Copies 19-5117 \_\_ 5. Change in Entity Status (from status indicated above) ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). a. Applicant claims SMALL ENTITY status. Sec 37 CFR 1.27. The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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Authorized Signature

Typed or printed name <u>Katherine Lobel-Rice</u>

58,079 Registration No.

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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